

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

William H. Oliver, Jr., Esquire
2240 Route 33, Suite 112
Neptune, New Jersey 07753
732-988-1500
Attorney for Debtor(s)

In Re:
Christina An

Case No.: 17-34456

Chapter: 13

Judge: MBK

AMENDMENT TO SCHEDULE D, E, F, G, H or LIST OF CREDITORS

Please specify the list or schedule(s) to be amended:

- | | |
|---|---|
| <input type="checkbox"/> Schedule D - Creditors Holding Secured Claims | <input type="checkbox"/> Schedule H - Codebtors |
| <input type="checkbox"/> Schedule E - Creditors Holding Unsecured Priority Claims | <input type="checkbox"/> List of Creditors (Matrix) |
| <input checked="" type="checkbox"/> Schedule F - Creditors Holding Unsecured Claims | |
| <input type="checkbox"/> Schedule G - Executory Contracts and Unexpired Leases | |

IMPORTANT : Pursuant to D.N.J. LBR 1007-1, the mailing list must be updated when an amendment to Schedule D, E, F, G or H is filed. Accordingly, there is a fee to amend any of the above schedules. There is no fee due if the nature of the amendment is to add or change the address of a previously listed creditor.

The list or schedule(s) indicated above, having been previously filed, is amended as follows:
(List name and address of creditors being added, deleted or modified and indicate same; use separate sheet if necessary)

Please ADD to Schedule F:

Lakewood Anesthesia Associates, LLC
PO Box 302
Little Silver, NJ 07739

I certify under penalty of perjury that the above information is true.

Date: 11/20/2018 Debtor's signature: /s/ Christina An

Date: _____ Debtor's signature: _____

* Schedules D, E, F, G or H and the List of Creditors may be amended simultaneously, thereby incurring only one \$30 fee.

Fill in this information to identify your case:

Debtor 1 **Christina Van An**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **17-34456**
(if known)

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

- | | |
|---|----------------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ 130,065.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ 68,000.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ 198,065.00 |

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

- | | |
|---|----------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 398,494.73 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 31,257.17 |

Your total liabilities \$ **429,751.90**

Part 3: Summarize Your Income and Expenses

- | | |
|---|--------------------|
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 3,871.03 |
| 5. Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,045.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to

Debtor 1 **Christina Van An**
the court with your other schedules.

Case number (if known) **17-34456**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. \$ **1,533.33**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 1 **Christina Van An**

Case number (if known) **17-34456**

4.5 **Commonwealth Financial Systems** Last 4 digits of account number **26N1** **\$1,016.00**

Nonpriority Creditor's Name

**245 Main St
Dickson City, PA 18519**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
is the claim subject to offset?
☒ No
☐ Yes

Opened 11/16 Last Active
05/11

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Ocean Medical Center**

4.6 **Jeffrey M. Savitt, DC** Last 4 digits of account number **Z1Z1** **\$434.00**

Nonpriority Creditor's Name

**1541 State Hwy. #88 West
Brick, NJ 08724**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
is the claim subject to offset?
☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **#2912Z1Z1 - \$312; #2912Z1Z12 - \$122**

4.7 **Lakewood Anesthesia Assoc.** Last 4 digits of account number **\$1,250.00**

Nonpriority Creditor's Name

**PO Box 302
Little Silver, NJ 07739**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
is the claim subject to offset?
☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not
report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Fill in this information to identify your case:

Debtor 1	Christina Van An		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			
Case number	17-34456		
(if known)			

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Christina Van An**
Christina Van An
Signature of Debtor 1

Date **November 20, 2018**

X
Signature of Debtor 2

Date